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March 19, 1998

**To: RICHARD LEE - GROUP UNIT 2615 - SERIAL NO. 08/709,930****From: JOHN W. CARPENTER****Client Number: 00287S-00482****At FAX Number: 1 703 308-9051****Number of Pages (including this page): 26**

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**Message or Special Instructions:****FACSIMILE TRANSMITTAL CERTIFICATE**

I hereby certify that the SUPPLEMENTAL PRELIMINARY AMENDMENT, AMENDMENT TRANSMITTAL FORM, FORM 1449, PATENT NO. 5,209,747 AND IDS TRANSMITTAL LETTER are being transmitted via facsimile on March 19, 1998 to EXAMINER RICHARD LEE, United States Patent and Trademark Office.

**DATE: March 19, 1998****LATA OLIVIER****FAXED** \_\_\_\_\_**RETURN TO** \_\_\_\_\_



Amendment

**TOWNSEND and TOWNSEND and CREW LLP**  
Two Embarcadero Center, 8th Floor  
San Francisco, CA 94111-3834

Any. Docket No. 000287S-00482

Date March 19, 1998

(415) 576-0200

In re application of  
**PHILIP S. GREEN**  
Appln. No. 08/709,930

I hereby certify that this is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

Filed September 9, 1996

Assistant Commissioner for Patents  
Washington, D. C. 20231.

Group Art Unit 2713  
For SURGICAL SYSTEM

Date: 3/19/98

Lara Olivier

**THE ASSISTANT COMMISSIONER FOR PATENTS**  
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ Enclosed is a petition to extend time to respond.  
☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.  
☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

☒ Form 1449, Pat. No. 5,209,747

If any extension of time is needed, then this response should be considered a petition therefor.

the filing fee has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE		RATE	ADDIT. FEE
TOTAL	* 55	MINUS	**	= 35	x11 =	\$		x22 =	\$
INDEP.	* 2	MINUS	***	= 0	x41 =	\$		x82 =	\$
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+135 =	\$		+270 =	\$
					TOTAL	\$		TOTAL	\$
					ADDIT. FEE				

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.  
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

☐ No fee is due.

Please charge Deposit Account No. 20-1430 as follows:

- ☐ Claims fee \$ \_\_\_\_\_  
☒ Any additional fees associated with this paper or during the pendency of this application.

XX extra copies of this sheet are enclosed.

**TOWNSEND and TOWNSEND and CREW LLP**

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Attorneys for Applicant